



PAYROLL DEDUCTION SIGN-UP FORM

Name: _____

Last 4 digits of SSN: _____ Employee No. : _____

I hereby authorize you to deduct from my pay \$_____ each payroll period.

For a period of ____ payroll periods Until further notice from me

Please transmit deducted amounts to the West Virginia State University Foundation, Inc.

For: WVSU Fund WVSU Scholarship

Other: _____

Start Change Effective Date:_____

Signature of Employee _____ Date: _____

**Please complete this form, print, sign, and return it to the
Payroll Office, 103B Cole Complex,
or contact Gina Salser at salserge@wvstateu.edu or x5101.**